

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF OHIO  
EASTERN DIVISION**

**IN RE: JOHN ERIC CHILDERS  
JENNIFER NICOLE CHILDERS**

**CASE NO. 17-50603  
CHAPTER 13  
JUDGE HOFFMAN**

**NOTICE OF FILING AMENDED SCHEDULE F, AMENDED SCHEDULE I AND  
AMENDED SCHEDULE J**

Take note that Debtor, by and through undersigned counsel hereby gives notice of filing of their Amended Schedule F, which is being amended to add the debts owed to Credit One Bank, Holzer Clinic, and Credit Solutions of Kentucky, LLC, and Amended Schedule I and Amended Schedule J attached hereto.

Respectfully submitted:

/S/ Gary A. Fleshman  
Gary A. Fleshman  
Supreme Court Reg. # 0062771  
79 West Second St.  
Chillicothe, Ohio 45601  
(740) 773-9982  
Attorney for Debtors

**CERTIFICATE OF SERVICE**

Undersigned counsel certifies that a copy of the foregoing **Amended Schedule F, Amended Schedule I and Amended Schedule J** was served on this 5th day of February, 2018 on the following registered ECF participants, **electronically** through the court's ECF System at the email address registered with the court:

United States Trustee  
170 North High Street  
Suite 200  
Columbus, Ohio 43215

Faye D. English  
Chapter 13 Trustee  
10 W. Broad St., Suite 900  
Columbus, OH 43215

and on the following by first class U.S. Mail:

ACS Wells Fargo  
Wells Fargo Education Financial  
501 Bleecker St  
Utica, NY 13501-2401

Adena Health System  
110 Vaughn Ln  
Chillicothe, OH 45601-8621

Adena Health System  
c/o Trevor J. Innocenti  
117 W. Main Street, Ste. 206  
Lancaster, OH 43130-3799

Atomic Credit Union  
711 Beaver Creek Rd  
Piketon, OH 45661-9140

Brian M. Gianageli  
6305 Emerald Parkway  
Dublin, OH 43016-3241

Capital One  
PO Box 30285  
Salt Lake City, UT 84130-0285

Capital One/Maurices  
PO Box 30258  
Salt Lake City, UT 84130-0258

Credit One Bank  
PO Box 98873  
Las Vegas, NV 89193-8873

Credit One Bank N.A.  
c/o Midland Funding LLC  
2365 Northside Dr Ste 300  
San Diego, CA 92108-2709

Credit Solutions of Kentucky, LLC  
PO Box 24710  
Lexington, KY 40524-4710

DeVry Education Group  
814 Commerce Drive  
Oak Brook IL 60523

DEVRY UNIVERSITY  
1200 EAST DIEHL ROAD  
NAPERVILLE IL 60563-9347

Devry  
c/o Todd, Bremer & Lawson, Inc.  
560 S Herlong Ave  
Rock Hill, SC 29732-9360

Educational Credit Management Corporation  
P.O. Box 16408  
St. Paul, MN 55116-0408

Family Dental Center  
c/o CBCS  
PO Box 163279  
Columbus, OH 43216-3279

Franklin University  
c/o Meade & Associates  
737 Enterprise Dr  
Westerville, OH 43081-8850

George Gusses Co., LPA  
33 S Huron St  
Toledo, OH 43604-8705

Great Lakes  
PO Box 530229  
Atlanta, GA 30353-0229

Holzer  
100 Jackson Pike  
Gallipolis, OH 45631-1560

Holzer Clinic  
PO Box 509  
Gallipolis, OH 45631-0509

Holzer Clinic Inc.  
90 Jackson Pike  
Gallipolis, OH 45631-1560

Internal Revenue Service  
Insolvency Section  
PO Box 7346  
Philadelphia, PA 19101-7346

Jackson County CSEA  
25 E South St  
Jackson, OH 45640-1638

Johnna Jorgensen, DDS  
995 Jackson Pike Ste 101  
Gallipolis, OH 45631-2621

Mann & Carducci Co., LPA  
1335 Dublin Rd Ste 212-A  
Columbus, OH 43215-7070

Maurices Comenity Bank  
Bankruptcy Dept.  
PO Box 182125  
Columbus, OH 43218-2125

Midland Credit Management, Inc. as agent for  
Asset Acceptance LLC  
Po Box 2036  
Warren, MI 48090-2036

Naviant  
PO Box 9500  
Wilkes Barre, PA 18773-9500

Navient Solutions, Inc. on behalf of  
Great Lakes Higher Education Corp.  
2401 International Lane  
Madison, WI 53704-3192

Nelnet  
PO Box 2970  
Omaha, NE 68103-2970

Nelnet on behalf of NSLP  
National Student Loan Program  
PO Box 82507  
Lincoln NE 68501-2507

ODJFS  
PO Box 182212  
Columbus, OH 43218-2212

Ohio Department of Taxation  
Bankruptcy Division  
P.O. Box 530  
Columbus, OH 43216-0530

OPP Loans Opportunity Financial  
130 E Randolph St Ste 1650  
Chicago, IL 60601-6241

PRA Receivables Management, LLC  
PO Box 41021  
Norfolk, VA 23541-1021

PORTFOLIO RECOVERY ASSOCIATES LLC  
PO BOX 41067  
NORFOLK VA 23541-1067

Portfolio Recovery Associates, LLC  
POB 41067  
Norfolk VA 23541

Regional Acceptance  
PO Box 580075  
Charlotte, NC 28258-0075

Regional Acceptance Corporation  
PO Box 1847  
Wilson, NC 27894-1847

Rise Credit  
PO Box 101808  
Fort Worth, TX 76185-1808

Scheer, Green & Burke Co., LPA  
PO Box 1312  
Toledo, OH 43603-1312

Seth I. Michael  
Jackson County Clerk of Courts  
226 E Main St  
Jackson, OH 45640-1764

State of Ohio Department of Taxation  
Bankruptcy Division  
30 E Broad St Fl 23  
Columbus, OH 43215-3414

Synchrony Bank  
c/o PRA Receivables Management, LLC  
PO Box 41021  
Norfolk, VA 23541-1021

Thomas S. Moulton, Jr.  
463 2nd Ave  
Gallipolis, OH 45631-1305

US Department of Education  
PO Box 7202  
Utica, NY 13504-7202

US DEPT OF EDUCATION  
CLAIMS FILING UNIT  
PO BOX 8973  
MADISON WI 53708-8973

Verizon  
by American InfoSource LP as agent  
4515 N Santa Fee Ave  
Oklahoma City OK 73118-7901

Wells Fargo Education Financial  
PO Box 84712  
Sioux Falls, SD 57118-4712

Williams & Fudge Inc.  
300 Chatham Ave  
Rock Hill, SC 29730-4986

/S/ Gary A. Fleshman

Gary A. Fleshman  
Supreme Court Reg. # 0062771  
79 West Second St.  
Chillicothe, Ohio 45601  
(740) 773-9982  
Attorney for Debtors

Debtor 1	<b>John Eric Childers</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Jennifer Nicole Childers</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF OHIO, COLUMBUS DIVISION</u>			
Case number	<b>17-50603</b>		
(if known)			

**12/15**

12345

Debtor 1	<b>Childers, John Eric &amp; Childers, Jennifer Nicole</b>	Case number (if know)	<b>17-50603</b>
Debtor 2			

  

2.2	<b>Jackson County CSEA</b> Priority Creditor's Name  <b>25 E South St</b> <b>Jackson, OH 45640-1638</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$38,000.00</b>	<b>\$38,000.00</b>	<b>\$0.00</b>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ <b>Child Support Arrears</b>			

2.3	<b>ODJFS</b> Priority Creditor's Name  <b>PO Box 182212</b> <b>Columbus, OH 43218-2212</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$3,176.75</b>	<b>\$3,176.75</b>	<b>\$0.00</b>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ <b>Overpayment of Unemployment Benefits</b>			

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

**Total claim**



Debtor 1  
Debtor 2 **Childers, John Eric & Childers, Jennifer Nicole**

Case number (if know) **17-50603**

<div style="border: 1px solid black; padding: 2px; text-align: center;">4.1</div>	<b>ACS Wells Fargo</b> Nonpriority Creditor's Name <b>Wells Fargo Education Financial</b> <b>501 Bleecker St</b> <b>Utica, NY 13501-2401</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>\$23,611.00</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____
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**Student Loans**

<div style="border: 1px solid black; padding: 2px; text-align: center;">4.2</div>	<b>Adena Health System</b> Nonpriority Creditor's Name <b>110 Vaughn Ln</b> <b>Chillicothe, OH 45601-8621</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>\$5,000.00</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b>
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<div style="border: 1px solid black; padding: 2px; text-align: center;">4.3</div>	<b>Atomic Credit Union</b> Nonpriority Creditor's Name <b>711 Beaver Creek Rd</b> <b>Piketon, OH 45661-9140</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>19L4</b> <b>\$9,983.56</b> <b>When was the debt incurred?</b> <b>8/2014</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>2011 Hyundai Sonata (repossessed)</b>
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Debtor 1  
Debtor 2 **Childers, John Eric & Childers, Jennifer Nicole**

Case number (if know) **17-50603**

4.4

**Atomic Credit Union**

Nonpriority Creditor's Name

Last 4 digits of account number **L183**

**\$3,733.03**

When was the debt incurred? **6/2016**

**711 Beaver Creek Rd  
Piketon, OH 45661-9140**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal Loan**

4.5

**Atomic Credit Union**

Nonpriority Creditor's Name

Last 4 digits of account number **9L19**

**\$732.80**

When was the debt incurred? **9/2016**

**711 Beaver Creek Rd  
Piketon, OH 45661-9140**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Overdraft of Checking Account**

4.6

**Capital One**

Nonpriority Creditor's Name

Last 4 digits of account number

**\$1,467.98**

When was the debt incurred?

**PO Box 30285**

**Salt Lake City, UT 84130-0285**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Misc. consumer goods**

Debtor 1  
Debtor 2 **Childers, John Eric & Childers, Jennifer Nicole**

Case number (if know) **17-50603**

4.7

**Credit One Bank**

Nonpriority Creditor's Name

Last 4 digits of account number **8563**

**\$270.76**

**PO Box 98873  
Las Vegas, NV 89193-8873**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Misc. consumer goods**

4.8

**Credit One Bank N.A.**

Nonpriority Creditor's Name

**c/o Midland Funding LLC  
2365 Northside Dr Ste 300  
San Diego, CA 92108-2709**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$626.77**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Misc. consumer goods**

4.9

**Credit Solutions of Kentucky, LLC**

Nonpriority Creditor's Name

**PO Box 24710  
Lexington, KY 40524-4710**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$4,191.16**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

Debtor 1  
Debtor 2 **Childers, John Eric & Childers, Jennifer Nicole**

Case number (if know) **17-50603**

<div>4.10</div> <div><b>Devry</b> Nonpriority Creditor's Name <b>c/o Todd, Bremer &amp; Lawson, Inc.</b> <b>560 S Herlong Ave</b> <b>Rock Hill, SC 29732-9360</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><b>Last 4 digits of account number</b> <b>2540</b> <b>\$6,934.31</b></div> <div><b>When was the debt incurred?</b> _____</div> <div><b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</div>
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**Student Loan**

<div>4.11</div> <div><b>Family Dental Center</b> Nonpriority Creditor's Name <b>c/o CBCS</b> <b>PO Box 163279</b> <b>Columbus, OH 43216-3279</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><b>Last 4 digits of account number</b> _____ <b>\$171.80</b></div> <div><b>When was the debt incurred?</b> _____</div> <div><b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Dental Services</b></div>
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<div>4.12</div> <div><b>Franklin University</b> Nonpriority Creditor's Name <b>c/o Meade &amp; Associates</b> <b>737 Enterprise Dr</b> <b>Westerville, OH 43081-8850</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><b>Last 4 digits of account number</b> _____ <b>\$1,897.00</b></div> <div><b>When was the debt incurred?</b> _____</div> <div><b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Tuition</b></div>
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Debtor 1  
Debtor 2 **Childers, John Eric & Childers, Jennifer Nicole**

Case number (if know) **17-50603**

4.13

**Great Lakes**

Nonpriority Creditor's Name

Last 4 digits of account number

**\$25,974.00**

**PO Box 530229**

**Atlanta, GA 30353-0229**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

**2008-2010**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify

**Student Loans**

4.14

**Holzer**

Nonpriority Creditor's Name

Last 4 digits of account number

**\$5,196.12**

**100 Jackson Pike**

**Gallipolis, OH 45631-1560**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

**Medical Services**

4.15

**Holzer Clinic**

Nonpriority Creditor's Name

Last 4 digits of account number

**\$1,645.13**

**PO Box 509**

**Gallipolis, OH 45631-0509**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

**Medical Services**

Debtor 1  
Debtor 2 **Childers, John Eric & Childers, Jennifer Nicole**

Case number (if know) **17-50603**

4.16

**Holzer Clinic Inc.**

Nonpriority Creditor's Name

Last 4 digits of account number

**\$1,481.00**

When was the debt incurred? **4/2007**

**90 Jackson Pike  
Gallipolis, OH 45631-1560**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Services**

4.17

**Johnna Jorgensen, DDS**

Nonpriority Creditor's Name

Last 4 digits of account number

**\$111.01**

When was the debt incurred?

**995 Jackson Pike Ste 101  
Gallipolis, OH 45631-2621**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Dental Services**

4.18

**Maurices Comenity Bank**

Nonpriority Creditor's Name

Last 4 digits of account number

**\$227.42**

When was the debt incurred?

**Bankruptcy Dept.  
PO Box 182125**

**Columbus, OH 43218-2125**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Clothes**

Debtor 1  
Debtor 2 **Childers, John Eric & Childers, Jennifer Nicole**

Case number (if know) **17-50603**

<div>4.19</div> <b>Naviant</b> Nonpriority Creditor's Name  <b>PO Box 9500</b> <b>Wilkes Barre, PA 18773-9500</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>\$7,182.00</b>  <b>When was the debt incurred?</b> <u>2008</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____
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**Student Loans**

<div>4.20</div> <b>Nelnet</b> Nonpriority Creditor's Name  <b>PO Box 2970</b> <b>Omaha, NE 68103-2970</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>\$23,208.00</b>  <b>When was the debt incurred?</b> <u>2006-2007</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____
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**Student Loans**

<div>4.21</div> <b>OPP Loans Opportunity Financial</b> Nonpriority Creditor's Name  <b>130 E Randolph St Ste 1650</b> <b>Chicago, IL 60601-6241</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>0524</u> <b>\$1,172.65</b>  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal loan</u>
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Debtor 1  
Debtor 2 **Childers, John Eric & Childers, Jennifer Nicole**

Case number (if know) **17-50603**

4.22

**Rise Credit**

Nonpriority Creditor's Name

Last 4 digits of account number

**\$6,074.17**

**PO Box 101808  
Fort Worth, TX 76185-1808**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Cash Advance**

4.23

**Seth I. Michael**

Nonpriority Creditor's Name

**Jackson County Clerk of Courts  
226 E Main St  
Jackson, OH 45640-1764**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**0003**

**\$160.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Court Costs**

4.24

**State of Ohio Department of  
Taxation**

Nonpriority Creditor's Name

**Bankruptcy Division  
30 E Broad St Fl 23  
Columbus, OH 43215-3414**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$824.39**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **State Income Tax Certificate of Judgment Lien**



Debtor 1  
Debtor 2 **Childers, John Eric & Childers, Jennifer Nicole**

Case number (if know) **17-50603**

4.25 **US Department of Education**  
Nonpriority Creditor's Name

Last 4 digits of account number

**\$2,625.00**

When was the debt incurred?

**PO Box 7202**  
**Utica, NY 13504-7202**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify

### Student Loans

### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Capital One/Maurices**  
**PO Box 30258**  
**Salt Lake City, UT 84130-0258**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**George Gusses Co., LPA**  
**33 S Huron St**  
**Toledo, OH 43604-8705**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Mann & Carducci Co., LPA**  
**1335 Dublin Rd Ste 212-A**  
**Columbus, OH 43215-7070**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.3** of (Check one):

☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Scheer, Green & Burke Co., LPA**  
**PO Box 1312**  
**Toledo, OH 43603-1312**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Thomas S. Moulton, Jr.**  
**463 2nd Ave**  
**Gallipolis, OH 45631-1305**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Wells Fargo Education Financial**  
**PO Box 84712**  
**Sioux Falls, SD 57118-4712**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Williams & Fudge Inc.**  
**300 Chatham Ave**  
**Rock Hill, SC 29730-4986**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**2540**

Debtor 1  
Debtor 2 **Childers, John Eric & Childers, Jennifer Nicole**

Case number (if know) **17-50603**

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

<b>Total claims from Part 1</b>	6a. <b>Domestic support obligations</b>	6a.	\$ <b>38,000.00</b>
	6b. <b>Taxes and certain other debts you owe the government</b>	6b.	\$ <b>6,079.75</b>
	6c. <b>Claims for death or personal injury while you were intoxicated</b>	6c.	\$ <b>0.00</b>
	6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	\$ <b>0.00</b>
	6e. <b>Total Priority.</b> Add lines 6a through 6d.	6e.	\$ <b>44,079.75</b>

  

<b>Total claims from Part 2</b>	6f. <b>Student loans</b>	6f.	\$ <b>89,534.31</b>
	6g. <b>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g.	\$ <b>0.00</b>
	6h. <b>Debts to pension or profit-sharing plans, and other similar debts</b>	6h.	\$ <b>0.00</b>
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <b>44,966.75</b>
	6j. <b>Total Nonpriority.</b> Add lines 6f through 6i.	6j.	\$ <b>134,501.06</b>

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT**

**In Re: John Eric Childers**

**Case No. 17-50603**

**Jennifer Nicole Childers**

**Chapter 13**

**Debtor**

**Judge Hoffman**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

I declare under penalty of perjury that I have read the foregoing Amended Schedule F, which is being amended to add the debts owed to Credit One Bank, Holzer Clinic, and Credit Solutions of Kentucky, LLC, and Amended Schedule I and Amended Schedule J, and that it is true and correct to the best of my knowledge, information, and belief.

Date: 02/05/2018

/S/ John Eric Childers  
John Eric Childers, Debtor

Date: 02/05/2018

/S/ Jennifer Nicole Childers  
Jennifer Nicole Childers, Debtor

Credit One Bank  
PO Box 98873  
Las Vegas, NV 89193-8873

Credit Solutions of Kentucky, LLC  
PO Box 24710  
Lexington, KY 40524-4710

Holzer Clinic  
PO Box 509  
Gallipolis, OH 45631-0509

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF OHIO  
EASTERN DIVISION**

**IN RE:           JOHN ERIC CHILDERS                           CASE NO. 17-50603  
                  JENNIFER NICOLE CHILDERS                 JUDGE HOFFMAN  
  CHAPTER 13**

**VERIFICATION OF AMENDED CREDITOR MATRIX**

Now comes the undersigned debtor(s) and hereby verifies that they have read the attached amended matrix and that it is true and correct to the best of their knowledge and belief.

02/05/2018  
Date

/S/ John Eric Childers  
John Eric Childers

02/05/2018  
Date

/S/ Jennifer Nicole Childers  
Jennifer Nicole Childers